

Foster Family Home - Deficiency Report

Provider ID: 1-624636

Home Name: Leslie Pascual, CNA

Review ID: 1-624636-17

91-929 Pailani Street

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 4/8/2025


Foster Family Home	Required Certificate	[11-800-6]
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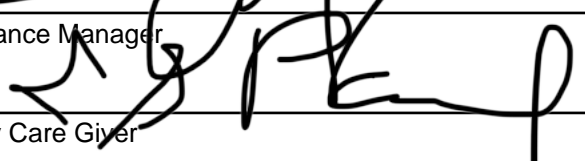
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

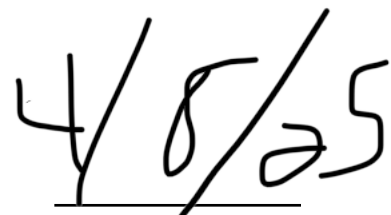
6.d.1- Unannounced visit made for a 2-bed annual inspection.

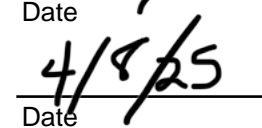
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date